

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584076

FILING DATE

6-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3		100				
4			1			
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1				1	
56	1				1	
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73						
74	1				1	
75	1				1	
76	1				1	
77	1				1	
78	1				1	
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80						
81						
82	1				1	
83	1				1	
84						
85						
86	1				1	
87	1				1	
88						
89						
90						
91		2				
92	1				1	
93					1	
94						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2 of 2

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		2				
103		3				
104		4				
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TOTAL IND.			12			
TOTAL DEP.			91			
TOTAL CLAIMS			103			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						